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Encounter Keys

AHCCCS PROVIDER PARTICIPATION TERMED FOR INACTIVITY

An AHCCCS provider's participation in the AHCCCS program may be terminated for any several reasons, including inactivity. Provider participation may be terminated if the provider does not submit a claim to the AHCCCS Administration or one of the AHCCCS-contracted health plans or program contractors within the past 24 months. If AHCCCS has not received a claim or an encounter for the past 24 months, these providers were terminated effective June 2008.

A new registration packet will be required to reactivate providers who reapply following termination for inactivity. Providers should refer to Chapter 3 of the AHCCCS Fee-for-Service Provider Manual for information on provider participation.

Free Standing Ambulatory Surgery Center (ASC) Code Updates

- CMS approved many new ASC codes to be available for payment by Medicare as of January 1, 2008. AHCCCS will not be adding the new ASC codes to our system until October 1, 2008. Until then, AHCCCS will continue to pay ASCs according to the codes and grouped rates as in the past.

  There were about a dozen codes that were effective in 2007 that simply changed to new codes as of Jan. 1, 2008. Those were changed in our system. Recently, we found several other codes that changed on January first that were not changed in our system. The updated list of ASC procedure codes and rates can be found on the AHCCCS website: www.azahcccs.gov/RatesCodes/Default.aspx

  If you have any questions, please contact Jean Ellen Schulik at 602-417-4335 or JeanEllen.Schulik@azahcccs.gov

- Effective with dates of service on or after January 1, 2007 the CPT code 11603 (Excision, malignant lesion including margins, trunk, arms, or legs; excised diameter 2.1 to 3.0 cm) has been added to the ASC Level 2 table.

- Effective for dates of service on or after January 1, 2007 the code 19295 (Image guided placement, metallic localization clip, percutaneous, during breast biopsy (list separately in addition to code for primary procedure)) has been added to ASC Level 1.

AHCCCS Recognition of Line Level Non-Covered Services on Institutional Encounters

In September 2007, AHCCCS provided guidance for reporting line level non-covered services on outpatient institutional encounters (Inpatient encounters may also use the same guidance for reporting line level non-covered services). Select encounter edits will be bypassed when plans completely non-cover a UB detail line for select adjustment reason codes or when plans reimburse outpatient facility services under contract. There are two reference tables to identify the edits (EC792) to be bypassed and the adjustment reason codes (EC791) that will trigger the bypass. In addition, the presence of a value in the 837 CN1 code field (used to identify plan/provider contractual arrangements) will also trigger the bypass.

A recent issue was discovered that when multiple adjustment reason codes were used and the first reason code was not on the adjustment reason code table but other reason codes were, the error would not be bypassed. A system fix will be necessary. Until the system fix is in place, AHCCCS instructs plans to always place the reason code (for those reason codes that will trigger the bypass) in the first reason code position to ensure that edits will be bypassed.

Prescribing Provider Identifier - NPI

Due to issues raised by several plans regarding prescribing providers and the difficulty some pharmacies may have in obtaining prescribing provider National Provider Identifiers (NPIs) on retail pharmacy transactions especially prior to the CMS mandated date of May 23, 2008, AHCCCS has set the prescribing provider NPI edits to soft, pending further evaluation. AHCCCS will provide our contractors with additional information as it becomes available, and intends to define future enforcement of this edit at a later time as issues are mitigated.

2nd Quarter 2008 Hemophilia Update

The 2nd Quarter 2008 pricing schedule for Hemophilia products effective from April 1, 2008 through June 30, 2008 can now be found on the AHCCCS website: http://www.azahcccs.gov/RatesCodes/FFS/Hemophilia/HemophiliaPricing04080608.asp

Please note there is a product line (Alphanate SD-HT) in yellow that is slowly being phased out pending the expiration of any remaining product currently out in the market.

Reminder—Dental Encounters

Dental services, service codes (DXXXX) must be submitted using the dental encounter layout, 837D. Dental services submitted using other encounter layouts will pend for the error code H600 (Submit Dental Using ADA Format). For dental form information visit the website of the American Dental Association: www.ada.org/prof/resourses/topics/claimform.asp

Provider and Reference File Layouts Update

A few revisions to provider and reference file layouts, and the file names and retrieval locations for 277U and Supplemental files are slated for September and will be effective October 1, 2008. In addition, there are other changes to 820, 834 and review files you receive from AHCCCS. Please examine all revisions and evaluate their impact to your upload programs.

Place of Service (POS)

- Effective for dates of service on or after June 30, 2008 the CPT code 99058 (Service(s) provided on an emergency basis in the office, which disrupts other scheduled office services, in addition to basic service) can not be reported at POS 20 (urgent care facility).

- Effective with dates of service on or after November 1, 2007 the HCPCS code L5010 (Partial foot; molded socket, ankle height, with toe filler) can be reported at POS 12 (Home).

Category of Service (COS)

Effective with dates of service on or after April 1, 2008 the codes S5111 (Home care training, family; per session) and S5116 (Home care training, non-family; per session) have been changed to Category of Service 47 (Mental Health Services).

Service Limit(s)

- Effective with dates of service on or after April 30, 2008 the daily maximum limit have been changed to 32 for the following codes:
  S5108 (Home care training to home care client, per 15 minutes)
  S5115 (Home care training, non-family; per 15 minutes)

- Effective for dates of service on or after May 21, 2008 the HCPCS code J2792 (Injection, RHO D Immune Globulin, Intravenous, Human, Solvent Detergent, 100 IU) the procedure daily maximum is 375 (it was previously 999).

- Effective for dates of service on or after May 21, 2008 the HCPCS code J9035 (Injection, Bvacizumab, 10 mg) the procedure daily maximum is 225 with a frequency of 1 per week.

"Everything works out in the end. If it hasn't worked out, it's not the end."

-Unknown

Age Limit

The age limit has been removed from the following HCPCS codes:

L0112 (Cranial cervical orthosis, congenital torticollis type, with or without soft interface material, adjustable range of motion joint, custom fabricated)
L0120 (Cervical, flexible, non-adjustable (foam collar))
L0130 (Cervical, flexible, thermoplastic collar, molded to patient)
L0140 (Cervical, semi-rigid, adjustable (plastic collar)
L0150 (Cervical, semi-rigid, adjustable molded chin cup (plastic collar with mandibular/occipital piece)
L0160 (Cervical, semi-rigid, wire frame occipital/mandibular support)
L0170 (Cervical, collar, molded to patient model)
L0174 (Cervical, collar, semi-rigid, thermoplastic foam, two piece with thoracic extension)

Sex Limit

Effective for dates of service on or after June 2, 2008 the HCPCS code 77053 (Mammary ductogram or galactogram, single duct, radiological supervision and interpretation) has eliminated the gender requirements.

Modifier(s)

- Effective with dates of service on or after January 1, 2007 the modifier 80 (Assistant Surgeon) can be reported on the following codes:

  15002 (Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children)).

  15004 (Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar (including subcutaneous tissues), or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children)).

- Effective for dates of service on or after January 1, 2008 the following modifiers have been added to the CPT code 96125 (Standardized cognitive performance testing (e.g., Ross information processing assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report):

  GN (Services delivered under an outpatient speech language pathology)
  GO (Services delivered under an outpatient occupational therapy plan)
  GP (Services delivered under an outpatient physical therapy plan of care)

"Hearing is one of the body's five senses. But listening is an art."

-Frank Tyger

Code Update(s)

- Effective for dates of service on or after January 1, 2008 the CPT codes below have the following changes:

  - Added to revenue codes listed below.
  - Coverage code 01 (Covered Service/Code Available)
  - Medicare indicator of "N"

  99441 (Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion)

  99442 (Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion)

  99443 (Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 21-30 minutes of medical discussion)

- Effective with dates of service on or after January 1, 2008 the CPT codes 99367 (Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by physician) and 99368 (Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30 minutes or more; participation by non-physician qualified health care professional) have a coverage code of 01 (Covered Service/Code Available).

- The following codes have been end dated for March 31, 2008:

  3313F (AJCC Cancer Stage IVB, Documented (ONC)1, (Ml)5)
  3314F (AJCC Cancer Stage IVC Documented (ONC)1, (Ml)5)

- Effective with dates of service on or after January 1, 2008 the CPT code 67113 (Repair of complex retinal detachment (eg, proliferative vitreoretinopathy, stage c-1 or greater, diabetic traction retinal detachment, retinopathy of prematurity, retinal tear of greater than 90 degrees), with vitrectomy and membrane peeling, may include air, gas, or silicone oil tamponade, cryotherapy endolaser photocoagulation, drainage of subretinal fluid, scleral buckling, and/or removal of lens repair of complex retinal detachment (eg, proliferative)) has been added to the following provider types:

  08 MD-Physician
  31 DO-Physician Osteopath
  43 Ambulatory Surgical Center (ASC)

  This code has also been added to Group 7 of the ASC table (RF115-Bundled Services) and POS 24 Ambulatory Surgical Center (ASC).

Provider Type

- Effective with dates of service January 1, 2002 the following codes can be reported by provider type 03 (Pharmacy):

  S5520 (Home infusion therapy, all supplies (including catheter) necessary for a peripherally inserted central venous catheter (PICC) line insertion)

  S5521 (Home infusion therapy, all supplies (including catheter) necessary for a midline catheter insertion)

  S5522 (Home infusion therapy, insertion of peripherally inserted central venous catheter (PICC), nursing services only (no supplies or catheter included))

  S5523 (Home infusion therapy, insertion of midline venous catheter, nursing services only (no supplies or catheter included))

  S9208 (Home management of preterm labor, including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code))

  S9209 (Home management of preterm premature rupture of membranes (PPROM), including administrative services, professional pharmacy services, care coordination, and all necessary supplies or equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code))

  S9211 (Home management of gestational hypertension, includes administrative services, professional pharmacy services, care coordination and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code))

  S9212 (Home management of postpartum hypertension, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem (do not use this code with any home infusion per diem code))

  S9213 (Home management of preeclampsia, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing services coded separately); per diem (do not use this code with any home infusion per diem code))

  S9214 (Home management of gestational diabetes, includes administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately); per diem (do not use this code with any home infusion per diem code))

- Effective for dates of service on or after August 31, 2006 the following service can be reported by provider type 30 (DME Supplier) S8265 (Haberman feeder for cleft lip/palate).

- Effective with dates of service on or after January 1, 2007 the provider type 43 (Ambulatory Surgical Center) can report the code 11603 (Excision, Malignant Lesion Including Margins, Trunk, Arms, Or Legs; Excised Diameter 2.1 To 3.0 CM).

- Effective with dates of service on or after January 1, 2006 the CPT code 17003 (Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); second through 14 lesions, each (list separately in addition to code for first lesion)) has been added to Provider Type 18 (Physicians Assistant) and 19 (Registered Nurse Practitioner) with the percentage rate of 90.

Provider Type (continued)

- Effective for dates of service on or after January 1, 2006 the following CPT codes can be reported by provider type 19 (Physicians Assistant):

  17000 (Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), premalignant lesions (eg, actinic keratoses); first lesion)

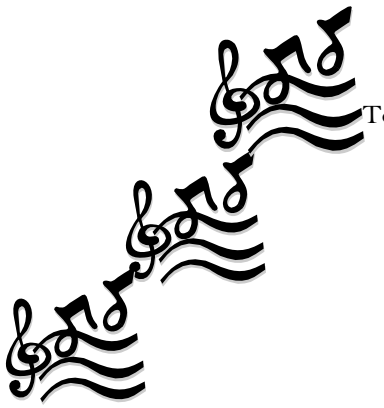
  17110 (Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; up to 14 lesions)

  17111 (Destruction (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery, surgical curettement), of benign lesions other than skin tags or cutaneous vascular proliferative lesions; 15 or more lesions)

Revenue/CPT Code Update

The following revenue codes have been add to the CPT codes: 99441, 99442 and 99443:

0960	Pro Fee		0976	Pro Fee/Respir
0961	Pro Fee/Psych		0977	Pro Fee/Physi
0962	Pro Fee/Eye		0978	Pro Fee/Ocupa
0963	Pro Fee/Anes Md		0979	Pro Fee/Speech
0964	Pro Fee/Anes CRNA		0982	Pro Fee/Outpt
0969	Other Pro Fee		0983	Pro Fee/Clinic
0971	Pro Fee/Lab		0984	Pro Fee/Soc Svc
0972	Pro Fe/Rad DX		0985	Pro Fee/EKG
0973	Pro Fee/Rad RX		0986	Pro Fee/EEG
0974	Pro Fee/NUC Med		0987	Pro Fee/Hosp Vis
0975	Pro Fee/OR		0988	Pro Fee/Consult
0981	Pro Fee/ER		0989	Fee Private Nurse



"Music has charms to soothe a savage breast,

To soften rocks, or bend a knotted oak."

William Congreve